

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Home Health Agencies
Managed Care Plans

**Memorandum No: 04-13 MAA
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For Information Contact:
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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Non-Durable Medical Supplies and Equipment (MSE): Fee Schedule Revisions

The Medical Assistance Administration (MAA) has revised the Fee Schedule in MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions.

What are the revisions?

- **Retroactive to dates of service on and after October 1, 2003**, the following codes and reimbursement rates have been added to, or corrected in, the fee schedule:

Procedure Code	Maximum Allowable	Description
A4524	\$0.94	Adult-sized incontinence product, diaper, extra large size, each (age 19 and up). <u>Maximum of 240 diapers purchase per client per month.</u> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <i>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</i>
A6422	65%	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches per roll (at least three yards, unstretched). This replaces code A6264.
A6424	65%	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches per roll (at least three yards, unstretched). This replaces code A6264.
A6426	65%	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches per roll (at least three yards, unstretched). This replaces code A6406.
A6428	65%	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches per roll (at least three yards, unstretched). This replaces code A6406.

Procedure Code	Maximum Allowable	Description
A4355	\$8.91	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each. Included in the nursing facility daily rate. Not allowed in combination with A4320 or A4322. Maximum of 30 per client, per month.

- **Retroactive to dates of service on and after November 1, 2003**, MAA covers the following code:

Procedure Code	Maximum Allowable	Description
A4414	\$5.67	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4x4 inches or smaller, each. Replaces code A5123.

- Throughout the fee schedule, wherever a percentage was indicated in the "Maximum Allowable" column, the amount was formatted incorrectly. All percents shown should be a percent of 100% billed.

MAA is currently updating the fee schedule for MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions, dated February 2002, and these pages will be available online in April 2004. You may view or download this memo and the revised fee schedule by going to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill your usual and customary charges.

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management Unit (DMEPMU)
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
1-800-292-8064
Fax # (360) 586-5299